

# Improving PTSD Treatment for Veterans

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# The VA's OIF/OEF Initiatives

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- 30% of OIF forces have psychiatric disorder– 15% with PTSD (U.S. Army Surgeon General, 2005)
- 433,398 OIF/OEF veterans have been discharged from military service (VHA Office Public Health and Environmental Hazards, 10/21/2005)
  - 28% have sought VA care
  - Of those, 31% diagnosed with a psychiatric disorder
  - Thus, to date 8.5% of OIF/OEF returnees have received a psychiatric diagnosis from VA (3.7% PTSD)

# PTSD Syndrome Features

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- The clinical syndrome of PTSD in veterans is often associated with:
  - co-occurring psychiatric disorders
  - chronicity
  - impaired social, familial, and occupational functioning
  - significant medical comorbidity and health service use

# VA Disability for PTSD

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- The number of veterans receiving VA disability for PTSD increased 80% from 1999 to 2004
  - while all other disabilities increased 12% during that period
- PTSD disability payments increased 149% (to \$4.3 billion annually)
  - while payments in all other categories increased by 42%
- OIG suggests that fraud and abuse are common (up to 25% of all cases), putting the monetary risk at \$19.8 billion

# PTSD Disability-Seeking Among Veterans within the VA System

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- About 75% of veterans treated within PTSD specialty clinics are seeking disability compensation
- Among those, veterans seeking disability show greater distress across domains and appear to be exaggerating symptoms on psychological inventories

(Frueh, Elhai, et al., 2003. Psychiatric Services;  
Frueh et al., 2000. Clinical Psychology Review)

# Historical Records Review

- A FOIA request for U.S. military records of 100 consecutive VA patients seeking treatment for Vietnam combat trauma found that
  - only 41% had clear evidence of Vietnam combat exposure in military record
  - 3% in military, but not in Vietnam
  - 2% not in military (Frueh et al., 2005. British J Psychiatry)
- British government pension files from the Boer War, WW I, WWII suggest that disability pensions for combat-related psychiatric problems tend to “inhibit the natural process of recovery and consolidate distressing symptoms” (Jones et al., 2002. British J Psychiatry)

# Treatment of PTSD: Veterans compared to Civilians

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- Data show that PTSD among civilians is amenable to mental health treatment, including psychiatric medications and cognitive-behavioral psychotherapy.
- Yet, research has generally failed to show that these same treatments are effective for veterans with PTSD.
- Given what we know about the impact of contingencies on human behavior, the real question is: **Why would we expect veterans to get better when the financial incentives to remain ill are so great?**

# Key Questions for VA Policy Makers

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- Are reliable evaluation procedures used?
- Are VA's psychiatric disability policies current?
- Are we setting harmful expectations for returning veterans regarding the likelihood of developing a "total and permanent" disability?
- How do VA disability policies effect our ability to diagnose, treat, and study PTSD among veterans?
- How can disability benefits be re-conceptualized as an effective and flexible safety net?

# Improving PTSD Treatment for Veterans

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- Make clinical access easy (i.e., same day access, coordinate with DOD)
- Provide clinical services for wide range of difficulties: anger, family/marital, substance abuse, depression, anxiety, and PTSD
- De-emphasize diagnostic labels, focus on readjustment
- Emphasize goal of living a productive life, downplay “disability”
- Therapy is active, problem focused, time-limited, outpatient (e.g., cognitive-behavior therapy)